

# Healthy Child Care



Spring 1999

Missouri Department of Health • [www.health.state.mo.us](http://www.health.state.mo.us)

Volume 2, Number 1

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## Child Care Training and Professional Development Grants Awarded

Are you looking for training and professional development opportunities in your area? Contact your Child Care Resource and Referral agency (*see page 3*) for a calendar of sessions, or check the Missouri Department of Health's web site at: [www.health.state.mo.us/Child\\_Care/Grntcont.html](http://www.health.state.mo.us/Child_Care/Grntcont.html) for a complete list of those agencies receiving Department of Health funds.

## WIC Benefits Families

Two of every five infants and one of five children in Missouri currently participate in WIC (the Special Supplemental Nutrition Program for Women, Infants and Children). However, there are another 58,000 children eligible for benefits who are not participating. You can help us spread the word so those with needs can receive the program benefits.

WIC serves eligible pregnant or post-partum women, infants, and children up to age five who meet specific financial and health-related qualifications. WIC provides referrals to health care providers in the community to help each child develop physically and mentally. WIC offers nutrition education to help participants buy, prepare and store foods. The vouchers distributed at WIC clinics help families buy nutritious foods that correct identified nutrition needs.

Recent changes in government programs like TANF (previously the AFDC program) and Food Stamps have caused some people to think they are no longer eligible for WIC. However, the income guidelines for WIC have remained the same. Participation in TANF, Food Stamps and other welfare programs is not a requirement for participation in WIC.

WIC plays a key role in keeping children healthy. Appropriate foods to meet the child's needs at every age and activity level is critical to support their growth and development. Child care providers can help get the word out to families who may be eligible for WIC services. Printed materials are available upon request.



To find out more about WIC services and to locate the nearest WIC program, call toll free 800-TEL-LINK (800-835-5465).

Child care providers may call toll free 800-392-8209 to get more information about WIC for the families you serve. You may request quantity orders of posters, brochures, etc.

# Update



Bureau of Child Care Safety and Licensure  
573-751-2450

## Find It On the Internet

The Bureau of Child Care Safety and Licensure Pin Wheel Series of brochures are now available on the Internet through the Department of Health homepage at [www.health.state.mo.us/Publications/Brochures.html](http://www.health.state.mo.us/Publications/Brochures.html). This includes:

- Choosing and Evaluating A Group Child Care Home and Child Care Center
- Choosing and Evaluating A Family Child Care Home
- How to Avoid Infectious Diseases in Group Child Care Settings

Two additional brochures will be available in the future at the same site:

- Recognizing and Preventing Child Sexual Abuse...a parent's guide
- Recognizing the Symptoms of Child Abuse and Neglect...a parent's guide

The Revised Statutes of Missouri pertaining to child care regulation and the Code of State Regulations pertaining to license-exempt child care facilities, family day care homes, and group day care centers are available at:

[www.health.state.mo.us/LicensingAndCertification](http://www.health.state.mo.us/LicensingAndCertification).

Also available at this site under General Information is a brochure giving basic information on the requirements for operating child care facilities in Missouri. The brochure also includes a list of Bureau staff locations and telephone numbers. Contact your child care resource and referral agency (*see page 3*) for additional information.



## Proposed Rule Change Requiring Criminal Record Review

On March 15, 1999, Department of Health's Bureau of Child Care Safety and Licensure (BCCSL) proposed a licensing rule change that would require providers to obtain criminal record reviews (CRRs) through the State Highway Patrol for specific individuals in their facilities. There is a \$5.00 fee for each CRR.

The proposed rule change would require a licensed provider to obtain a CRR for the following:

- The licensee (provider, owner, board president or chairperson).
- The center director or group home provider, if different from the licensee.
- All applicants for employment at the child care facility.
- All current employees at the child care facility.
- All volunteers who are counted in the staff-child ratio.
- Any adult becoming a household member in a family child care home.

The wording in the proposed rule change requires the above CRRs to be made when the license is first issued and when it is renewed. In addition, the change in the rule would allow the Department of

Health to require a CRR for anyone who is in the facility when child care children are present and to conduct a nationwide CRR when it is warranted.

If it is determined that the criminal history of an individual causes him/her to be a threat to the safety or welfare of children, the rule change authorizes the Department of Health to prohibit that individual from being present at the facility.

The Department of Health also filed proposed rules for fire safety for family child care homes, group child care homes and child care centers. Although such rules have never been finalized, the office of the State Fire Marshall has conducted fire inspections for a number of years; therefore, the fire safety rules should not represent major changes or costs to child care providers.

The proposed rule changes were filed with the Secretary of State and were published in the Missouri Register on March 15, 1999. The public comment period regarding the CRR rule changes began March 15, 1999, and ended April 15, 1999.

# Missouri Child Care Resource & Referral (R & R) Network

**R & Rs provide a variety of services free of charge:**

For parents:

- ♦ assistance finding child care for all children.
- ♦ guidelines for selecting quality child care.

For caregivers:

- ♦ education materials and resources.
- ♦ technical assistance for starting a new child care program.
- ♦ staff training and continuing education sessions.

Call your R & R for more specific information and assistance.

\*SDA - Service Delivery Area

## **SDA#1 YWCA - St. Joseph**

**(816) 232-4481**

**(800) 404-9922 (restricted to NW Missouri)**

Atchison	Worth	Harrison
Nodaway	Mercer	Putnam
Gentry	Grundy	Sullivan
Holt	Andrew	DeKalb
Daviess	Linn	Livingston
Buchanan	Clinton	Caldwell
Carroll	Chariton	

## **SDA#2 Children's Link**

**(573) 588-2533 or (800) 201-7745**

Schuyler	Scotland	Clark
Adair	Knox	Lewis
Macon	Shelby	Marion
Randolph	Monroe	Ralls
Pike	Audrain	Lincoln

## **SDA#3 Heart of America Family Services**

**(913) 342-1110 or (800) 755-0838**

Platte	Clay	Ray
Saline	Jackson	Lafayette
Cass	Bates	

## **SDA#4 CMSU Workshop on Wheels**

**Child Care Resource & Referral**

**(660) 543-8321 or (800) 666-1461**

Johnson	Pettis	Cooper
Howard	Moniteau	Henry
Benton	Morgan	Miller
Camden	Hickory	Dallas
Laclede		

## **SDA#5 Childcare Connection**

**(573) 445-5627 or (800) 243-9685**

Boone	Cole	Callaway
Osage	Maries	Montgomery
Gasconade		

## **SDA#6 Child Day Care Association**

**(314) 241-3161 or (800) 467-2322**

Warren	St. Charles	St. Louis Co.
St. Louis City		

## **SDA#7 Council of Churches of the Ozarks**

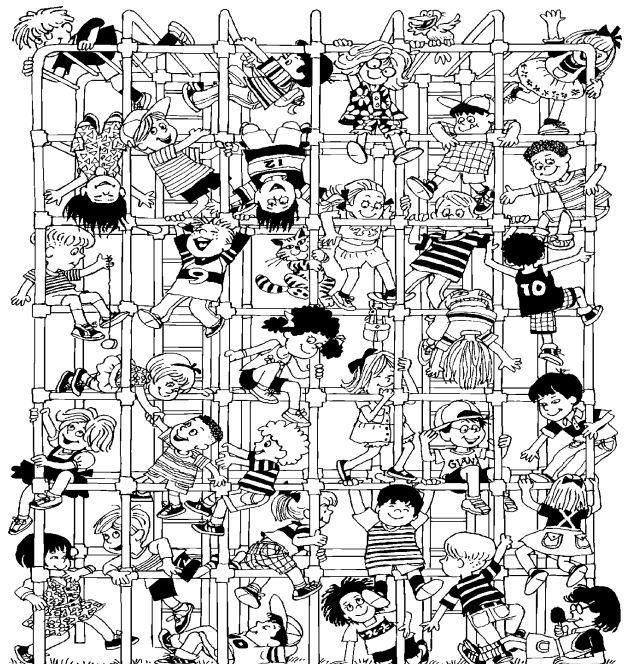
**SDA#8 (417) 887-3545 or (800) 743-8497**

Vernon	St. Clair	Barton
Cedar	Jasper	Dade
Lawrence	Newton	Barry
McDonald	Polk	Pulaski
Phelps	Crawford	Washington
Greene	Webster	Wright
Texas	Dent	Christian
Douglas	Howell	Shannon
Stone	Taney	Ozark
Oregon		

## **SDA#9 Southeast Missouri State University**

**SDA#10 (573) 651-5118 or (800) 811-1127**

Franklin	Jefferson	St. Francois
Perry	Iron	Ste. Genevieve
Madison	Bollinger	Cape Girardeau
Reynolds	Wayne	Stoddard
Scott	Carter	Mississippi
Ripley	Butler	New Madrid
Dunklin	Pemiscot	



# First Aid for Dental Problems

Fortunately, most dental problems that arise in the child care setting can be handled by the staff. However, some conditions will need the attention of a dentist as soon as possible. Proper handling of dental emergencies will not only relieve pain and discomfort, it may also ensure that the children in your care have a smile they can be proud of for a lifetime.

## Inflamed or Irritated Gum Tissue

Red, inflamed, or bleeding gums are usually caused by poor oral hygiene. Diligent removal of plaque by regular brushing will allow the gums to heal until they regain their normal color and tone. Less frequently, inflamed gum tissue may be caused by vitamin deficiency or other systemic problem. If the tissue does not respond to regular brushing or flossing, the child should be referred to his/her dentist for evaluation.

## Fever Blisters, Cold and Canker Sores

These infections are usually not serious and the only required treatment is to keep the child comfortable without irritating the affected areas. A child's first infection with the *Herpes simplex* virus (responsible for cold sores and fever blisters) may leave the child with a fever and feeling sluggish, with widespread sores in and around the mouth. Appropriate treatment with Tylenol® or other non-aspirin pain reliever may be indicated, consistent with child care policy. Subsequent *Herpes* virus infec-

tions appear as cold sores or fever blisters, usually at the corner of the mouth. Ensure that the child does not rub or scratch at the sore because it may become further infected.

## Prolonged or Recurrent Bleeding After Tooth Loss or Extraction

Teeth extracted, or even baby teeth lost normally, may bleed long after the tooth is removed. After a tooth is removed, ensure that the child does not rinse with liquids for 24 hours. If bleeding persists or recurs, place a 2"x 2" sterile gauze on the extraction site and have the child bite on it for 30 minutes. Replace the gauze with a clean one if necessary. If bleeding does not stop within two hours, contact the child's parents and recommend that the child see the dentist immediately.

## Tooth Eruption Pain

Sometimes even normal loss of baby teeth can be uncomfortable for children. If the child seems to be in pain from a tooth being shed, try to determine if the pain is from a loose baby (primary) tooth pinching the gum or due to a permanent tooth coming into the mouth. Prolonged pain (more than one week) is unusual and may be caused by infection in the gum tissue. Pain from new teeth coming into the mouth is usually intermittent and less painful than the pain associated with badly decayed or abscessed teeth. If pain persists, have the child's parents contact their dentist.

Discomfort can be managed by use of non-aspirin pain relievers, consistent with child care policy. Especially for infants and toddlers, letting the child eat something cold may alleviate the pain.

## Broken or Displaced Teeth

If teeth are broken or moved within the socket, first try to clean any soil, blood or other debris from the injured area with a cotton swab and warm water. If swelling is present, apply a cold compress on the cheek next to the injured tooth. Evaluate for displaced teeth by having the child





bite gently together. If the tooth appears to have been moved or pushed farther into its socket, contact parents to refer the child to a dentist for evaluation and treatment.

If a tooth is broken, the sharp edge may be covered with soft wax to prevent cutting the lips or tongue. Contact the child's parents and refer the child to the dentist as soon as possible.

## Tooth Loss

If a permanent tooth is knocked out, you must act immediately. Time is of the essence for successful treatment. Look in the immediate area of the accident to locate the missing tooth. If found, do not try to clean the tooth. Washing or wiping it could remove the connective fibers which will help anchor the tooth when it is replaced.

Contact the parent if possible and get the child to the dentist within 30 minutes. Wrap the

tooth in a moist paper towel or gauze and be sure the tooth goes with the child. Delays in seeking treatment will greatly affect the success of replacing the tooth.

## Jaw Fracture or Dislocation

Dislocation of the lower jaw is not often a true emergency — although dislocation can be extremely uncomfortable, it is not life-threatening. However, lay persons may not easily tell the difference between a suspected dislocation and jaw fracture. Therefore, both suspected dislocation and fracture should be treated with the same sense of urgency.

After a trauma, jaw fractures or a dislocated jaw are commonly recognized because the child's teeth no longer bite together normally. If a fracture or dislocation is suspected, immobilize the jaw by any means possible. Place a towel, scarf, handkerchief or tie

under the chin and ties the ends on top of the child's head. Only tie tightly enough to prevent jaw movement. Contact the child's parents and arrange for the child to be taken to the dentist or oral surgeon immediately. If the child must go to the hospital emergency room, the child should be seen by an oral or maxillo-facial surgeon, or an orthopedic or plastic surgeon.

--Lynn Douglas Mouden, DDS, MPH,  
FICD, FACD



## Dental emergencies...

...can be managed by all child care workers. Be prepared for these emergencies with a first aid kit that contains cotton swabs, dental floss, ice packs or cold compresses, soft wax, and sterile 2"x 2" gauze pads. Orabase® with Benzocaine and non-aspirin pain relievers may be used, but their use must be consistent with your child care facility's policy and parental permission as appropriate.

Dr. Mouden is the Assistant Chief, Bureau of Dental Health, Missouri Department of Health and Associate Clinical Professor at the UMKC School of Dentistry



### **Nutrition education should be part of child care because it helps children to:**

- Form positive attitudes about food and eating.
- Learn to accept a wide variety of foods.
- Establish healthful eating habits early in life.
- Learn to share and socialize at mealtime (in a group eating situation).
- Be ready to learn when they begin school.

### **Children's Rules for Cooking**

1. *Wash* hands before any cooking project.
2. *Follow* safety rules with knives, hot surfaces, and equipment.
3. *Follow* the steps of the recipe or the caregiver's directions.
4. *Take time* to notice color, texture, size, shape, and smell of the food you are cooking.
5. *Taste-test* with caregiver's permission--use separate spoons.

# **Tips for Nutrition Education in Child Care**

## **Get children involved in activities with food and eating.**

Children are natural explorers. They are constantly asking questions and discovering the world around them. Children learn through their play and through hands-on activities. Think of ways that you can provide learning activities that involve the senses of touch, smell, taste, hearing, and seeing. Allow children to handle food, mix it, prepare it, smell it, and taste it. Help them learn to describe foods as they see them (color, shape, texture).

## **Plan activities that match the children's abilities and interests.**

Children develop rapidly from 2 to 4 years of age. Activities should take into consideration the children's developmental readiness. This includes both what the children are mentally ready to learn and what they are physically capable of doing. Younger children are not able to perform the same tasks that older children can. When planning a nutrition education activity, think about the ages of the children. Almost any activity can be changed to fit the abilities and the interests of the children being taught.

## **Plan simple activities before harder ones.**

Children, like adults, want to be successful in what they do. You can help children be successful by planning activities that are simple and then moving to harder ones. For example, to get children involved in food preparation activities, start out with very simple cooking activities that will teach children some basic cooking rules such as those listed in the box. Once the rules are learned, children are ready for more challenging activities.

## **Build on what a child already knows.**

Children learn by building on something they already know. When you introduce a new topic about food and eating, connect it to something already familiar to the child. For example, relate the gas that makes a car go to food that makes children able to grow and go (play). Both the gas and the food are fuel.

SOURCE: *Bits and Bites*, Vol. 10, No. 1, Colorado Child and Adult Care Program

### **Resources Available**

Free copies of the Child Care/Preschool Library Resource catalog and various child care related resources are available by writing or FAX request (573) 526-3679, allow 2-3 weeks delivery:  
Bureau of Nutrition and Child Care Programs  
Missouri Department of Health, P.O. Box 570  
Jefferson City, MO 65102-0570

# STEPS To Plan a Nutrition Education Activity

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## Step 1: Why

Think about what the children should learn from the activity. Answer the question, “Why are we doing this activity?”

## Step 2: What

Decide on an activity that will teach the children the topic. Think about different activities such as arts and crafts, games, songs, cooking, and role playing. You can teach most topics with several different kinds of activities. Think about how you will explain the activity to the children. Decide what you (the caregiver) will do and what the children will do.

## Step 3: How

Make a list of the things you will need. Thinking through the activity step-by-step will help you make sure your list is complete. Assemble the things you will need well before the activity is to begin. Do not expect the children to wait patiently while you prepare for the activity.

## Step 4: When

Plan a time for the activity. If children are hungry or tired they will not pay attention well. Plan for the activity with this in mind. It is a good idea to use quiet activities before mealtimes to introduce information about food and eating. These are called transition activities.

## Step 5: Do the activity

Remember, nutrition education activities should be fun, both for the children and for you. Begin by asking the children some questions to help you find out what they already know. Questions can help build the children’s interest and enthusiasm. Tell the children what you will be doing in the activity. Children like to know what to expect.


## Step 6: Follow-up after the activity

Plan ways to reinforce the learning. Repetition helps children remember and use what they have learned. Think of ways that you can refer to the activity at later times. Present a different activity at a later time that is about the same topic. Build on the original topic idea and add something new to it. Lead the children in a discussion about what they learned earlier. Songs and chants are excellent ways to repeat the learning of nutrition concepts.



# Child Care Professional Development Record

Individual development record booklets are available for child care providers to keep track of their training, and professional development experiences. Free copies may be obtained from District Child Care Safety and Licensure offices, Child Care Resource and Referral Agencies (R&Rs) (*see page 3*), or by requesting from the Department of Health warehouse.

 MISSOURI DEPARTMENT OF HEALTH BUREAU OF GENERAL SERVICES <b>REQUEST FOR LITERATURE</b>		<b>FOR WAREHOUSE ORDERS</b> - Please copy this form and keep on file for future orders. Use this form when requesting multiple copies of the Child Care Professional Development Record. Please <u>no phone orders</u> .																		
<b>COMPLETE THE INFORMATION BELOW AND RETURN TO:</b>		MISSOURI DEPARTMENT OF HEALTH, GENERAL SERVICES WAREHOUSE P.O. BOX 570, JEFFERSON CITY, MO 65102-0570																		
<b>PLEASE SEND ME THE FOLLOWING LITERATURE:</b>		<b>FOR OFFICE USE ONLY</b>																		
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